

CAMPAIGN CONTRIBUTIONS

Report Period

2

NEVADA CONTRACTORS ASSOCIATION PAC

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
N/A			

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Name (print)

Office (if applicable)

District (if applicable)

[illegible][illegible]

EL201.doc

NEVADA CONTRACTORS ASSOCIATION PAC

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period # 2

NEVADA CONTRACTORS ASSOCIATION PAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
SEE ATTACHED			

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Sandra Tiffany	J	October 17, 2002	500.00
Dennis Nolan	J	October 17, 2002	500.00
Vonne Chowning	J	October 17, 2002	250.00

NEVADA CONTRACTORS ASSOCIATION PAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
	N/A	

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

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**IN KIND CAMPAIGN
CONTRIBUTIONS**

Report Period

2

NEVADA CONTRACTORS ASSOCIATION PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
N/A				

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**IN KIND CAMPAIGN
CONTRIBUTIONS**Report Period **# 2**

NEVADA CONTRACTORS ASSOCIATION PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND**Contributions of \$100 or Less**

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION
N/A		

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NEVADA CONTRACTORS ASSOCIATION PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
N/A			

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**IN KIND CAMPAIGN
EXPENSES**

Report Period

2

NEVADA CONTRACTORS ASSOCIATION PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND**Expenses of \$100 or Less**

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
N/A		

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Prescribed by Secretary of State
NRS 294A.120, 294A.140, 294A.150
294A.200, 294A.210, 294A.220, 294A.362